

MINUTES
JOINT FINANCE-APPROPRIATIONS COMMITTEE

DATE: Thursday, February 02, 2017
TIME: 8:00 A.M.
PLACE: Room C310
MEMBERS PRESENT: Senators Co-chairman Keough, Bair, Mortimer, Martin, Souza, Lee, Agenbroad, Crabtree, Ward-Engelking, Nye
REPRESENTATIVES PRESENT: Representatives Co-chairman Bell, Youngblood, Miller, Burtenshaw, Horman, Malek, Anderson, Dixon, King, Wintrow
ABSENT/EXCUSED: None
CONVENED: Senator Keough convened the meeting at 8:00 A.M.

AGENCY PRESENTATION: MENTAL HEALTH SERVICES

LSO STAFF PRESENTATION: **ROSS EDMUNDS, Division Administrator:** Mental Health services for adults and children. In the area of adult mental health we deal with adults with severe mental illness, and with children it is extreme emotional disturbance. We have 3 crisis centers throughout the State. Mental illness is a chronic disease just like any other chronic disease it has no cure; Reviews the overview of the agency [AUDIO LINK](http://go.usa.gov/x9htW) (<http://go.usa.gov/x9htW>)
JARED TATRO: Reviews the FY2016/2017 budgets. [PRESENTATION](http://go.usa.gov/x9hts) (<http://go.usa.gov/x9hts>)[AUDIO](http://go.usa.gov/x9htW) (<http://go.usa.gov/x9htW>)

QUESTIONS: SEN LEE: The reversion on the children's mental health, how did we have additional dollars, when we have had numerous testimonies about needs not being met.
EDMUND: The challenge with children's mental health, is we do not control the front door, there is a section of Idaho Code §20–511a, that allows Judges to order the department to serve the children that are under the certain jurisdiction under the court, and we can't predict from year to year, how many kids they are going to be ordering to what type of service. So we manage that budget, and it just so happened this year, that we didn't end up having that much residential care. So that is where that money is coming from, because we didn't have that much residential care as we have had in the past years.
SEN LEE: So are you telling me that, there is a discrete dedicated account for just services ordered by the court versus other funds?
EDMUND: The Children's Mental Health trustee and benefit expense, class isn't one single account just for the children's mental health care or just for the courts, its a single account that is used to pay for all the services for children's mental health. It's difficult for us to know just what a Judge is going to order.
CHAIRMAN KEOUGH: It would be helpful for us to understand, when we hear from constituents who have unmet needs, not necessarily residential but in the community, that aren't being addressed. And then we hear about reversions, we need to better understand where the disconnect is, so if you can help us with that.
REP WINTROW: With that money reverted, can you spend or make transfer to other places to meet those unmet needs?
EDMUND: It can be used in other areas, but as we budget across programs,

everything has to be done through a contract, so once our contracts are set and we progress through the year, we try to increase funding across different areas other than residential care. As we go through the year we monitor the residential care and if need increase contracts to try and tier our services up. But we can't over obligate ourselves in the contracts and services.

SEN NYE: Please help me, there is a screaming, screaming need for the crisis center in my area (southeast) can you help us in my area, NOW?

EDMUNDS: I know that it is a goal of the Governor's to put a crisis center in every region of the state. It is a goal of mine, and the department's goal. It is the work of this body to determine how the crisis centers progress. The State funds the crisis center for the first two years 100%, at the end of those two years the crisis center has to submit a plan on how they are going to move to 50% non-state general funds. Through billing practices through whatever mechanism local funding that they can. We are just at the two year mark on the first crisis center, they submitted a plan for about two years to move them to the 50% non-State general fund. The roll out plan for this would be, as we have the first crisis center and then the second crisis center gets to that 50%, we would take those resources that are no longer the State's resources, and no longer spent in those areas, and open up the next crisis center. That is sort of the plan we had addressed with the State Legislature, but our budget doesn't have any resources to be able to open a new crisis center without an additional appropriation to do so.

TATRO: Not sure what I may add, but they do not have an extra \$1.5 million to add to an on-going basis, but we will actually be talking about these crisis centers here with the intent language, in just a bit.

[AUDIO](http://go.usa.gov/x9htW) (<http://go.usa.gov/x9htW>)

TATRO: Reviews the revenues for both children and adult mental health for FY2017 [PRESENTATION](http://go.usa.gov/x9hts) (<http://go.usa.gov/x9hts>)[AUDIO](http://go.usa.gov/x9htW) (<http://go.usa.gov/x9htW>)

QUESTIONS:

SEN NYE: On page 5 of 9, I see a reversion of \$3.7 million?

TATRO: Yes, that is the total variance compared to the original appropriation. Yes, that is \$3.7 million of the Mental Health Division that was not spent that was originally appropriated to the Mental Health Division. Of that amount \$2.3 million was reverted. So that means that there was some transfers out of these divisions into others \$640,000 of federal funds transferred into another program and then there is the reappropriations for \$715,000

SEN NYE: So the up front cost for a new crisis center is initially \$1.5 million and you got over \$2 million sitting here?

TATRO: The crisis center on-going funds will come from the general fund. \$1,525,000 plus \$200,000 for start up costs. Just general funds, no they do not have that \$1.5 million.

[AUDIO](http://go.usa.gov/x9htW) (<http://go.usa.gov/x9htW>)

TATRO: Reviews the FY2017 budget and line items. [PRESENTATION](http://go.usa.gov/x9hts) (<http://go.usa.gov/x9hts>)[AUDIO](http://go.usa.gov/x9htW) (<http://go.usa.gov/x9htW>)

EDMUNDS: Reviews FY2017 Line items [PRESENTATION](http://go.usa.gov/x9hts) (<http://go.usa.gov/x9hts>) [AUDIO](http://go.usa.gov/x9htW) (<http://go.usa.gov/x9htW>)

QUESTIONS: SEN LEE: As I recall, the funding for Region 4 was appropriated last year, with the understanding it would only be that amount. I guess, I am wondering, as you are looking at that request for this year, how did you get to that priority piece versus just reverting those dollars back and opening another crisis center for any of the regions? Can you explain how you got to that priority point.

EDMUNDS: Are you asking about the priority of Region 4? The intent language directed us to put the crisis center in region 4 and 5 last year, so we are following the intent language of this body.

TATRO: That intent language is shown on the screen, the motion was to include \$1,013,300 on-going, for a crisis center in region 5 in Twin Falls (opened) and \$506,700 of on going general funds for a crisis center in region 4. And there was \$715,000 that was carried over from FY2016 into FY2017 to address the one-time needs of both centers. [AUDIO](http://go.usa.gov/x9htW) (<http://go.usa.gov/x9htW>)

SEN MORTIMER; Looking back at the Region 4, City of Boise and Ada County, by them refusing to do that, does that mean they are not participating or just not wanting a leadership role?

EDMUNDS: They are very involved. Very much a strong partner. As we move forward with opening of the new center. I think the challenge being the fiscal agent. They wouldn't receive any part of the resource, they wouldn't receive any portion of those funds, but would accept the obligation of being the fiscal agent and contractor for the center. That was the obligation that felt a little to large for them. But in terms of moving forward and being a partner, in terms of operation and recognition of how important the center is, they are very much at the table.

SEN MORTIMER: Does that also mean they have a financial commitment, proportionately?

EDMUNDS: There has been no commitments made, in terms of ongoing financial commitments toward the crisis center, from either Ada County or Boise City. However, both of them contribute currently to the Allenbaugh House model.

[AUDIO](http://go.usa.gov/x9htW) (<http://go.usa.gov/x9htW>)

EDMUNDS: Continues through the remaining FY2017 line items

[PRESENTATION](http://go.usa.gov/x9hts) (<http://go.usa.gov/x9hts>)[AUDIO](http://go.usa.gov/x9htW)(<http://go.usa.gov/x9htW>)

QUESTIONS: SEN NYE: I would like to step back on your cash flow on these crisis centers, as I understand it, you sequence them over time, another words, you take \$1.5 million roughly to start up with Coeur D' Alene for two years then drop down to about half of that. Then going to Idaho Falls, and then going to Twin Falls, and Boise, so if you take each of those being on a two year cycle, rolling over \$1.5 million. So if you take each of those taking two years, that's about 8 years before you can get to the place where, my particular area where there have been murders and real problems. I am just wondering if this is how we, as a committee, has set it up or if this is the way you are doing it. And how do you roll in the reversions and how do you get one set up in Pocatello?

EDMUNDS: I know that our goal and the Governor's goal is to put one in each region of the State. We are trying to do that the most efficient way possible. When each of them are at 50% local funding, and I hate to be the bearer of bad news around your math, cause they are a little more than that, cause they don't have to be at 50% local funding at the 2 year mark. They have to have a plan that describes how they will get there. That plan could be for a year or 2, so it could take them 4 years to get to that 50% local funding. What we are seeing is that is quite difficult for the communities to get up to that 50% local funding. It is contract language that they have, to make a plan.

SEN NYE: What I hear you saying is if you pay less you get less? Had we started

with more in the beginning, we could cover the State more quickly?

CHAIRMAN KEOUGH: That is certain is an element for debate, that has happened in this committee in the past, and will happen again.

SEN SOUZA: Would it be correct or probable to suggest that the first couple Crisis centers are now bringing forward to the public there success rate, there impact on the community, and how much they truly, in actual dollars, are costing? So, wouldn't that impact, seeing how they are successful, and I am waiting to hear your report on some of those numbers, and wouldn't that impact the pace at which the Governor and we, as a committee, are willing to put forward dollars on a faster pace? So if we are seeing success in the first two, we can speed it up and get those up into the other parts of the State more rapidly?

EDMUNDS: Yes, we are seeing tremendous success with the Crisis Centers that have been opened. The Idaho Falls Crisis Center having been open for about two years, and the Coeur D' Alene Crisis Center having been open for just over a year. The success that we are seeing and the amount of resources that are being saved. One of the reasons we wanted to fund those fully through the State, for the first two years and to have them create that plan, was to give them the opportunity to show where those savings are coming from.

SEN BAIR: We have heard that community match dollars are slow in coming, and they haven't been there. My question is are these crisis centers billing Medicaid whenever possible? Are they actively doing that? And do we have evidence that they are?

EDMUNDS: None of the Crisis Centers are billing Medicaid nor any other insurer. There are a couple challenges there. One, that if it costs the individual to accessing that care, if it costs them money to walk in the door, we have found and research has shown, that they probably would not use that model, which defeats the purpose of it. However, when it comes to Medicaid reimbursement for those services, there are elements of the service delivery that is happening in those centers that could be reimbursable by Medicaid, in fact, we are progressing those conversations with both Medicaid and Medicare and some payers, such as Blue Cross, that have reached out to us saying they want to help contribute to this because we believe in the model.

REP KING: In regards to the Jeff D Lawsuit, at what point will the lawsuit be settled and it be in the base that we just take care of children?

EDMUNDS: We are in the close of the first year of implementations of the settlement agreement. The overall plan, gives us about 4 years to implement the settlement agreement. Then it allows for 2 maybe 3 years for follow up surveillance and observation, by the Plaintiffs, before we then submit a joint request to the court that the lawsuit be ended.

AUDIO (<http://go.usa.gov/x9htW>)

EDMUNDS: Reviews the FY2017 line items: RALF and SED Care
PRESENTATION (<http://go.usa.gov/x9hts>)

TATRO: Reviews the five sections of intent language, and with no other comments, moves into FY2017 and FY2018 budget. PRESENTATION (<http://go.usa.gov/x9hts>)

EDMUNDS: Reviews the highlights of the Crisis Centers, 4,000 people served in all crisis centers. North Idaho: Est. savings \$1.7 million and law enforcement savings \$33,000; Idaho Falls: Savings to date \$1.2 million over those two years, as they don't have a large health systems. Twin Falls: served 75 people since November. AUDIO (<http://go.usa.gov/x9htW>)

CHAIRMAN KEOUGH: Just to paint the State wide picture, make sure I have it clear in my mind, we have a Crisis Center in Region 1, and we have a Crisis Center in Twin Falls and Idaho Falls area, and we have one underway in the Boise area. So, we are missing one in Pocatello, Lewiston, and Nampa. I think it might be helpful to the Committee, if we could get the original plans and some backgrounds, so we are all working on the same set of facts and maps as well. Then some information on what the local commitment needs to be. That will be very helpful for us, moving forward.

QUESTIONS:

TATRO: Just to clarify, Idaho code was established just a couple years ago and there is nothing in that, that says that a locality needs the State's permission. That structure was set up in Idaho Code, that if a City wants to set up a crisis center, they can.

SEN MORTIMER: Idaho Falls, savings was a little over \$1 million; but its costing us more than that to provide the service. So, I'm wondering why we are so far off, I think there is more savings than that, you represented that it was pretty hard to obtain the data. I don't think you have any prison or incarceration time and all of those other things that are avoided. Is there anything better representation for the over all savings?

EDMUNDS: We are working with Idaho falls to get those. We will continue to work on that.

SEN SOUZA: I had an interesting conversation with law enforcement about this. The difficulty in this, in planning in estimating the costs savings, even in just one suicide being prevented by the Crisis Center. In the normal circumstance, they told me, their investigation in a suicide is quite intense and lengthy and if you are trying to put dollars with it cost a great deal. But as you say, the most important savings is in the human life and the suffering prevented.

EDMUNDS: There have been a number of studies done for and around suicides to figure out how much suicides cost for law enforcement investigations and coroners and then there is a long term impact of those. The impact is huge on human life.

[AUDIO](http://go.usa.gov/x9htW) (<http://go.usa.gov/x9htW>)

TATRO: Reviews the line items for FY2018 [PRESENTATION](http://go.usa.gov/x9hts) (<http://go.usa.gov/x9hts>)

EDMUNDS: Reviews the details of both FY2018 line items 1 and 2.

[PRESENTATION](http://go.usa.gov/x9hts) (<http://go.usa.gov/x9hts>)[AUDIO](http://go.usa.gov/x9htW) (<http://go.usa.gov/x9htW>)

TATRO: Reviews FY2018 line item 10. [PRESENTATION](http://go.usa.gov/x9hts) (<http://go.usa.gov/x9hts>)[AUDIO](http://go.usa.gov/x9htW) (<http://go.usa.gov/x9htW>)

EDMUNDS: Reviews Idaho Code and details for FY2018 line item 10.

[PRESENTATION](http://go.usa.gov/x9hts) (<http://go.usa.gov/x9hts>)[AUDIO](http://go.usa.gov/x9htW) (<http://go.usa.gov/x9htW>)

QUESTIONS:

REP KING: How many felony probationers are there? And how many fall into that category? And how much is that going to save us in corrections?

EDMUNDS: I cant tell you how much money it will save us. But there are about 15,000 parolees out there. So almost half (7,388) of probation/parolees have mental health issues.

REP MILLER: What kind of results can we foresee how this would play out, in terms of evaluating this program, is there anyway you can help us understand that a little bit?

EDMUNDS: There is a number of evidence based practices that are proven effective with this population. We will continue to work with the Department of Correction to ensure what we do is result with any resources with this line item, if

you chose to provide it. (AUDIO LINK)

REP WINTROW: So this is \$11 million for 7,400 people? Is this correct?

EDMUNDSD: Yes, that is correct.

REP WINTROW: I'm thinking about a population of about 78,000 people and wondering if that money could be used to leverage in that way, include all these people as well?

EDMUNDSD: When I do the math, that is about \$1,300 per person per year. We want to contract this out, we do not have the internal staff or are we asking for it. We believe we can do this effectively.

EDMUNDSD: This is a population that we are required to serve by Statute and are under served tremendously.

SEN LEE: Department of Correction has some responsible for some community based services for felony offenders. Especially substance abuse, so they have a sufficient amount of dollars they also put for felony offenders that are in the community. Can you follow-up on how are you going to coordinate with the Department of Correction?

EDMUNDSD: The Department of Correction does have an appropriation to serve the substance abuse disorder needs of this population, it is their responsibility to meet that. That was about 5 years ago, this body appropriated it to the Department of Corrections instead of leaving it with the Department of Health and Welfare budget. But that is just for the substance use disorder side of it, not the mental health side of treatment.

REP MILLER: We continually hear about a doctor shortage, is there going to be an issue with contracting with people to get this much treatment and this quickly and with this type of population?

EDMUNDSD: That is always a challenge for us. The problem isn't just with physicians, its also with psychotherapists and other doctors like that. We need coaches to help rehabilitate this population to manage everyday life.

REP MILLER: What leveling of licenses and education will these coaches have?

EDMUNDSD: Master's level of education, Licensed therapists, No one will be going out side of their licensure, to coach. [AUDIO](http://go.usa.gov/x9htW) (<http://go.usa.gov/x9htW>)

TATRO: Line item 11 review [PRESENTATION](http://go.usa.gov/x9hts) (<http://go.usa.gov/x9hts>)

EDMUNDSD: Reviews line item 11 [PRESENTATION](http://go.usa.gov/x9hts) (<http://go.usa.gov/x9hts>)

SARA STOVER , Financial Management Analyst: We did get a lot of feedback with the RALFs. This new model would be the right way to go. [AUDIO](http://go.usa.gov/x9htW) (<http://go.usa.gov/x9htW>)

QUESTIONS:

REP WINTROW: What happens if they have a physical disabilities as well?

EDMUNDSD: The HART model would be able to help with those needs as well.

REP MILLER: I would like to know the population that you think they need this service?

EDMUNDSD: The requirements for these houses are that they have to be 16 beds or less. So we are talking about multiple facilities across the State. We want them to stay in their own communities to be able to meet their needs. We have about 500 people living in RALFs that have mental illness that is co-occurring physical conditions. We need to find that balance between the programs;

REP MILLER: So then the HART is for the more intense needs?

EDMUNDSD: Yes, that is exactly what these do.

REP KING: Are the homeless population going to benefit this?

EDMUNDSD: I think this does impact the homeless, it does help the homeless population, but it was not designed for the homeless.

SEN MORTIMER: Noticing you have quite a bit of vacancy, and yet you are

asking for 20 or better new positions? Why are you asking for new positions when you have open vacancies?

EDMUNDS: That is just turnover. That is just vacancies from the last month or two. We are not holding any position vacant at all.

[AUDIO](http://go.usa.gov/x9htW) (<http://go.usa.gov/x9htW>)

AGENCY

PRESENTATION: PSYCHIATRIC HOSPITALIZATION

LSO STAFF **ROSS EDMUNDS, DIVISION ADMINISTRATOR:** Reviews the overview of **PRESENTATION:** the agency [AUDIO](http://go.usa.gov/x9hJw) (<http://go.usa.gov/x9hJw>)

JARED TATRO: Reviews FY2016 expenditures, with no comments, moves on to the FY2017 line items. [PRESENTATION](http://go.usa.gov/x9hJs) (<http://go.usa.gov/x9hJs>) [AUDIO](http://go.usa.gov/x9hJw) (<http://go.usa.gov/x9hJw>)

EDMUNDS: Reviews FY2017 line items. [PRESENTATION](http://go.usa.gov/x9hJs) (<http://go.usa.gov/x9hJs>) [AUDIO](http://go.usa.gov/x9hJw) (<http://go.usa.gov/x9hJw>)

TATRO: Reviews the intent language and goes through FY2018 budget and replacement items. With no other comments, moves onto the FY2018 line items. [PRESENTATION](http://go.usa.gov/x9hJs) (<http://go.usa.gov/x9hJs>) [AUDIO](http://go.usa.gov/x9hJw) (<http://go.usa.gov/x9hJw>)

EDMUNDS: Reviews FY2018 line items [AUDIO](http://go.usa.gov/x9hJw) (<http://go.usa.gov/x9hJw>)

QUESTIONS: SEN SOUZA: How many total beds in our community hospitals in acute psychiatric care?
EDMUNDS: We have about 250 beds state wide. That's really close, but I will have to calculate those out.
SEN SOUZA: If we have over 200 beds will the 26 that you are adding to this, make a big impact?
EMUNDNS: It will make a big impact. Increasing the beds makes a big difference. Those 200–250 beds in the community aren't just used by us. Just a portion of them are. It takes about 12 days before we get a new bed.

REP YOUNGBLOOD: I'm from Nampa district and have experienced several cases for the need for secured facilities. Do you know, if we have reached out to any of the local hospitals, St. Luke's or St. Also, I know they are open to talking to you as well and if not maybe we can get there.

EDMUNDS: We are looking at this at a state level but also with the local level as well.

REP ANDERSON: At the top of the page, a single facility and then go to a different option. Then I look down and see, at least the Governor is recommending, that we move the youth/ adolescent group from Blackfoot over to a facility to be built over here.

EDMUNDS: We were just going to contract out the secure facility. Find somebody to operate that for five years, while we worked on this longer term plan. However, the Governor is recommending a different plan to build a new facility for the adolescents in the Treasre Valley and then renovate a building at State Hospital South for the secure facility, moving the adolescents is because about 65% of the kids come from the Treasure Valley, geographically it does make some sense to locate that here.

REP MILLER: With the addition of these beds, I think you said there was about a 12 day waiting list. What do you think the waiting time will be for the additional beds?

EDMUNDS: The amount of time it takes once a person is committed, to our State Hospital, not our wait list but if everything goes perfectly and there are not beds available, it takes about 4 days. We expect, once we fully implement this plan, it to be in the 4–6 day range.

REP MILLER: So that will cut down some of the beds we are buying in some of these other facilities, pretty significantly.

EDMUNDS: Significantly. That would release a lot of pressure from some of these local hospitals.

[AUDIO](http://go.usa.gov/x9hJw) (<http://go.usa.gov/x9hJw>)

EDMUNDS: Reviews the last line item of FY2018 [PRESENTATION](http://go.usa.gov/x9hJs) (<http://go.usa.gov/x9hJs>) [AUDIO](http://go.usa.gov/x9hJw) (<http://go.usa.gov/x9hJw>)

ADJOURNED: There being no further business, Senator Keough adjourned the meeting at 10:20 A.M.

Senator Keough
Chair

Amberlee Honsaker
Secretary